

28 SEP 2006

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/500250

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	/		/		/	
7	/		/		/	
8	/		/		/	
9	/		/		/	
10	/		/		/	
11	/		/		/	
12	/		/		/	
13	/		/		/	
14	/		/		/	
15	/		/		/	
16	/		/		/	
17	/		/		/	
18	/		/		/	
19	/		/		/	
20	/		/		/	
21	/		/		/	
22	/		/		/	
23	/		/		/	
24	/		/		/	
25	/		/		/	
26	/		/		/	
27	/		/		/	
28	/		/		/	
29	/		/		/	
30	/		/		/	
31	/		/		/	
32	/		/		/	
33	/		/		/	
34	/		/		/	
35	/		/		/	
36	/		/		/	
37	/		/		/	
38	/		/		/	
39	/		/		/	
40	/		/		/	
41	/		/		/	
42	/		/		/	
43	/		/		/	
44	/		/		/	
45	/		/		/	
46	/		/		/	
47	/		/		/	
48	/		/		/	
49	/		/		/	
50	/		/		/	
TOTAL IND.	3		3		3	
TOTAL DEP.	80	◀	72	◀	75	◀
TOTAL CLAIMS	83		75		78	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52	/		/		/	
53	/		/		/	
54	/		/		/	
55	/		/		/	
56	/		/		/	
57	/		/		/	
58	/		/		/	
59	/		/		/	
60	/		/		/	
61	/		/		/	
62	/		/		/	
63	/		/		/	
64	/		/		/	
65	/		/		/	
66	/		/		/	
67	/		/		/	
68	/		/		/	
69	/		/		/	
70	/		/		/	
71	/		/		/	
72	/		/		/	
73	/		/		/	
74	/		/		/	
75	/		/		/	
76	/		/		/	
77	/		/		/	
78	/		/		/	
79	/		/		/	
80	/		/		/	
81	/		/		/	
82	/		/		/	
83	/		/		/	
84	/		/		/	
85	/		/		/	
86	/		/		/	
87	/		/		/	
88	/		/		/	
89	/		/		/	
90	/		/		/	
91	/		/		/	
92	/		/		/	
93	/		/		/	
94	/		/		/	
95	/		/		/	
96	/		/		/	
97	/		/		/	
98	/		/		/	
99	/		/		/	
100	/		/		/	
TOTAL IND.						
TOTAL DEP.		◀			◀	
TOTAL CLAIMS						

BEST AVAILABLE COPY